

FILING DATE

**APPLICANT(S)**

## CLAIMS

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
	WFO.	DOF.	WFO.	DOF.	WFO.	DOF.
1						
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47						
48						
49						
60						
TOTAL WFO.	1					
TOTAL DOF.	9					
TOTAL	10					

	MO.	DEF.	MO.	DEF.	MO.	DEF.
61						
62						
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100						
TOTAL MO.						
TOTAL DEF.						
TOTAL						